FILED EFFECTIVE

| | | The state of the s |
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| No. W 34554 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 | Reinstatement Annual Report Form ADMIN DISSOLVED 02/04/2010 | 2. Registered Agent and Office (NOT A P.O. BOX) JAKE CENTERS 1979 N LOCUST GROVE |
| | 1. Mailing Address: Correct in this box if needed. | MEDICALO |
| | OJMC, LLC | 2013 N. Locust Grove Meridian, ID 83646 |
| · · | 1979 N LOCUST GROVE. P.O. BOX 1610 MERIDIAN ID 83642 Eagle, ID 83616 | 3 New Posistaved Accel Circular |
| REINSTATEMENT FEE DUE: \$30.00 | | |
| 4. Limited Liability Compani | es: Enter Names and Addresses of Managers OR Members. | *** |
| Manager of Member Nam Jake Cunkrs | And the second s | City State Country Postal Code -994 TO 886/6 |
| | | |
| 5. Organized Under the Laws of: IDAHO W 34554 | Name (type or print): Jake L. Cen- | Date: 2/17/11 ters Title: Member |
| Issued 02/17/2011 by PEH | | , 5 , , , , , , , , , , , , , , , , , , |
| MORCH VALITIES BY FER | | |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.